

Meeting Date: April 2023

APPLICANT INFORMATION:

Name of applicant(s): Hakim Hospitality LLC

Trade name (DBA): Leon's

Premises address: 817 Broadway

Cross Streets and other addresses used for building/premise:
Corner of Broadway & East 12th Street

CONTACT INFORMATION:

Principal(s) Name(s): Natalie Johnson

Office or Home Address: 817 Broadway

City, State, Zip: New York

Telephone #: 

Landlord Name / Contact: 817 Broadway Owner LLC

Landlord's Telephone and Fax: 

~~NAMES OF ALL PRINCIPAL(S):~~ NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

Natalie Johnson

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):

Neighborhood seafood brasserie focusing on
vegetables and mediterranean cuisine

WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR (MARK ALL THAT APPLY):

- a new liquor license (Restaurant Tavern / On premise liquor Other)
- an UPGRADE of an existing Liquor License
- an ALTERATION of an existing Liquor License
- a TRANSFER of an existing Liquor License
- a HOTEL Liquor License
- a DCA CABARET License
- a CATERING / CABARET Liquor License
- a BEER and WINE License
- a RENEWAL of an existing Liquor License
- an OFF-PREMISE License (retail)
- OTHER : _____

If upgrade, alteration, or transfer, please describe specific nature of changes:
(Please include physical or operational changes including hours, services, occupancy, ownership, etc.)

If this is for a new application, please list previous use of location for the last 5 years:

Tile store

Is any license under the ABC Law currently active at this location? yes no

If yes, what is the name of current / previous licensee, license # and expiration date: _____

Have any other licenses under the ABC Law been in effect in the last 10 years at this location?
 yes no

If yes, please list DBA names and dates of operation:

PREMISES:

By what right does the applicant have possession of the premises?

Own Lease Sub-lease Binding Contract to acquire real property other: _____

Type of Building: Residential Commercial Mixed (Res/Com) Other: _____

Number of floor: 15 Year Built: 1898

(applicant, 9f; bsmt)
Describe neighboring buildings: mixed use

Zoning Designation: C6-1

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 565 / 31

Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? yes no

Is the premise located in a historic district? yes no

(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC? yes no, please explain: no exterior changes

Will any outside area or sidewalk café be used for the sale or consumption of alcoholic beverages? (including sidewalk, roof and yard space) no yes : explain sidewalk

What is the proposed Occupancy? 32

Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?

no yes Pending

If yes, what is the maximum occupancy for the premises? 115

If yes, what is the use group for the premises? 6

If yes, is proposed occupancy permitted? yes no, explain: _____

If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? yes no

Do you plan to file for changes to the Certificate of Occupancy? yes no
(if yes, please provide copy of application to the NYC DOB)

Will the façade or signage be changed from what currently exist at the premise? no yes

(if yes, please describe: new signage to be installed)

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? Approx 5200 sf
If more than one floor, please specify square footage by floors: 1st FL: Approx 2,500^{sf} / CELLAR: Approx 2700^{sf}
If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?

596 sf

If more than one floor, what is the access between floors? interior stairwell

How many entrances are there? 2 How many exits? 2 How many bathrooms? 3

Is there access to other parts of the building? no yes, explain: through the freight elevator, and service entrance there is access to basement

OVERALL SEATING INFORMATION:

Total number of tables? 24 Total table seats? 87

Total number of bars? 1 Total bar seats? 14

Total number of "other" seats? 0 please explain: _____

Total OVERALL number of seats in Premises: 101

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 14

How many service bars are being applied for on the premises? 0

Any food counters? no yes, describe: _____

For Alterations and Upgrades:

Please describe all current and existing bars / bar seats and specific changes: _____

* A stand-up bar is any bar or counter (whether seating or not) over which a member of the public can order, pay for and receive food and alcoholic beverages.

PROPOSED METHOD OF OPERATION:

What type of establishment will this be? (check all that apply)

Bar Bar & Food Restaurant Club/ Cabaret Hotel Other: _____

What are the Hours of Operation?

Sunday: 8 am to 11 pm Monday: 8 am to 11 pm Tuesday: 8 am to 11 pm Wednesday: 8 am to 11 pm Thursday: 8 am to 11 pm Friday: 8 am to 11 pm Saturday: 8 am to 11 pm

Will the business employ a manager? no yes, name / experience if known : TFD

Will there be security personnel? no yes (if yes, what nights and how many?)

Do you have or plan to install French doors, accordion doors or windows that open? no yes

If yes, please describe :

Will you have TV's? no yes (how many?)

Type of MUSIC / ENTERTAINMENT: Live Music Live DJ Juke Box Ipod / CDs none

Expected Volume level: Background (quiet) Entertainment level Amplified Music (check all that apply)

Do you have or plan to install soundproofing? no yes

IF YES, will you be using a professional sound engineer? Yes

Please describe your sound system and sound proofing: Ipod powered small speakers

Will you be permitting: promoted events. scheduled performances outside promoters

any events at which a cover fee is charged? private parties buyouts, 1 or 2x per year
private dining room, regularly

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? no yes (if yes, please attach plans)

1 employee will be designated to insure that crowds do not congest on the sidewalk

Will you be utilizing ropes movable barriers other outside equipment (describe)

Are your premises within 200 feet of any school, church or place of worship? no yes

If there is a school, church or place of worship within 200 feet of your premises or on the same block, please submit a block plot diagram or area map showing its' location in proximity to your applicant premises (no larger than 8 1/2 " x 11").

Indicate the distance in feet from the proposed premise:

Name of School / Church:

Address: Distance:

Name of School / Church: _____

Address: _____ Distance: _____

Name of School / Church: _____

Address: _____ Distance: _____

Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: Natalie Johnson Phone: 720-299-7451

Address: 817 Broadway

Email : [REDACTED]

Application submitted on behalf of the applicant by:

x [Signature]
Signature

Print or Type Name Natalie Johnson

Title Managing Member

Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.

[Signature]

[Signature]

Community Board 2, Manhattan
SLA Licensing Committee
Donna Raftery, Co-Chair
Robert Ely, Co-Chair

Jeanine Kiely, Chair
Susan Kent, First Vice Chair
Valerie De La Rosa, Second Vice Chair
Mark Diller, District Manager



Antony Wong, Treasurer
Amy Brenna, Secretary
Ritu Chattree, Assistant Secretary

Community Board No. 2, Manhattan

3 Washington Square Village
NEW YORK, NY 10012-1899

www.cb2manhattan.org

P: 212-979-2272 F: 212-254-5102 E: info@cb2manhattan.org

Greenwich Village ♦ Little Italy ♦ SoHo ♦ NoHo ♦ Hudson Square ♦ Chinatown ♦ Gansevoort Market

COMMUNITY BOARD 2 APPLICATION FOR A STATE LIQUOR AUTHORITY LICENSE ADDENDUM FOR OUTDOOR SEATING

For a Liquor License Application that includes any outdoor areas, please complete the following:

- Submit a diagram of outdoor seating indicating length and width of area(s) and location of all tables and chairs. Include all obstructions (trees, fire hydrants, proximity to bus stops, bike racks, signs, etc.).
- Submit photos of the premises where the sidewalk café and/or roadbed will be located. Required photos show one frontal, one left and one right side view of proposed sidewalk café and/or roadbed.
 - Photos must show complete sidewalk and/or roadway area where sidewalk café and/or roadbed will be including views to curb and neighboring properties.
 - For rear yard, show photos of yard and surrounding area, including upper view of adjacent buildings.

Name of Applicant: HaKim Hospitality LLC

Address of Premises: 817 Broadway New York, NY 10003

Sidewalk café will have no more than (If premises is located on a corner please indicate for both streets):

5 tables and 20 seats on 12th Street

5 tables and 12 seats on Broadway Street

Hours of sidewalk café: 8 am to 11 pm.

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc): N/A

~~Roadbed will have no more than (If premises is located on a corner please indicate for both streets):~~

~~_____ tables and _____ seats on _____ Street~~

~~_____ tables and _____ seats on _____ Street~~

~~Hours of roadbed: _____ to _____.~~

~~Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc): _____~~

~~Rear yard / Rooftop (circle) will have no more than _____ tables and _____ seats~~

~~Hours of rear yard / rooftop: _____ to _____.~~

Does seating extend beyond the business frontage? No Yes

Will outdoor dining structures on the sidewalk be enclosed on three (3) or more sides? No Yes

Will outdoor dining structures on the roadbed be enclosed on three (3) or more sides? No Yes N/A

Is there any outdoor music, speakers or TVs? No Yes, please describe: _____

Will heating elements be used? No Yes, please describe: _____

Landest-Simon, Inc

Real Estate Broker

450 Madison Ave
New York, NY 10017
Phone: (212) 688-3600
Equal Housing Opportunity

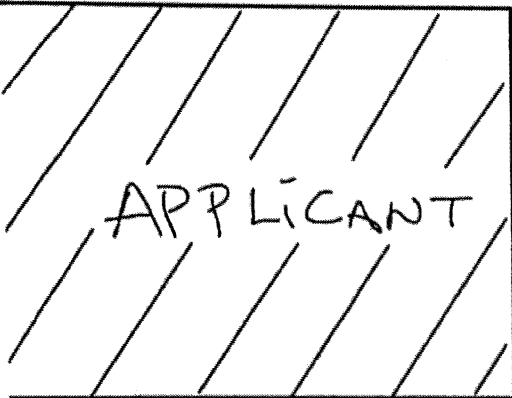
Re: 817 Broadway

1. Ribalta - 48 East 12th Street - (88')
2. Shuko - 47 East 12th Street - (166')
3. Spice - 29 East 13th Street - (498')
4. Max Brenner NY - 141 Broadway - (436')
5. Regal Cinema - 150 Broadway - (363')
6. Library of Distilled Spirits - 80 East 13th Street - (358')
7. Hyatt Union Square - 76 East 13th Street AKA 132 4th Avenue - (348')
8. Boney Road - 132 4th Avenue - (335')
9. Modis Red (Modis Dress Lounge) - 127 4th Avenue - (413')

Schools & Churches

1. Grace Church School - 86 4th Avenue - (480')
2. Grace Church - 802 Broadway - (398')
3. The Village Temple - 33 East 12th Street - (360')

East 12th Street



Commercial

Vacant

Mini Market

Vacant

Clothing

Vacant

East 11th Street

Broadway

NOT TO SCALE

BLOCK PLOT
817 Broadway
New York, NY

Vacant

3 Times
(wine, beer)

Residential

Outro
(Food only)

Commercial

Sneaker Store

Residential

Vacant

Commercial

Residential

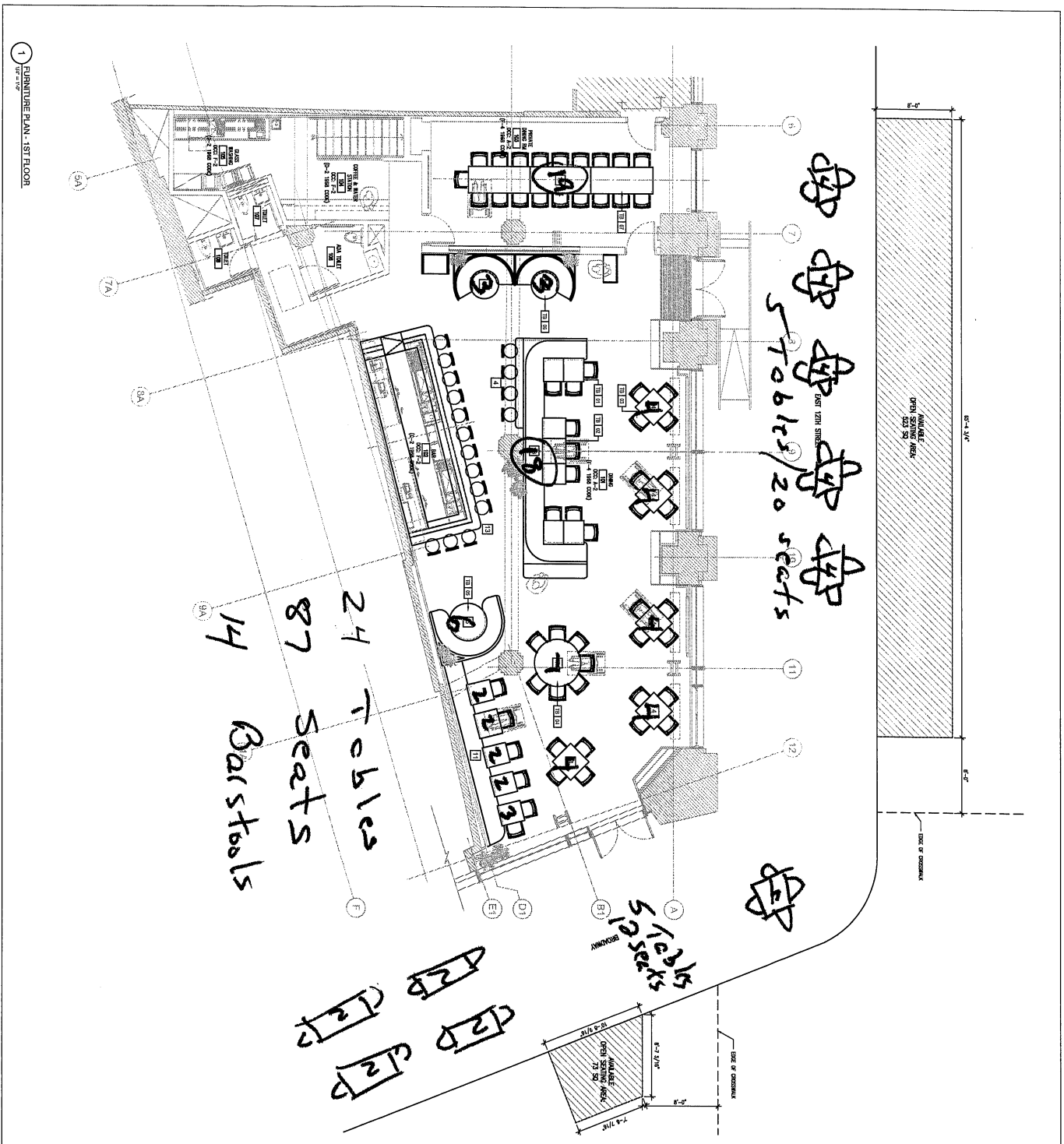
Costume

Store

Grace Church

802 Broadway





1 FURNITURE PLAN - 1ST FLOOR

NOTES CONSTRUCTION

1. VERIFY EXISTING WALL AND FLOOR IN ALL AREAS MARKED BY DIMENSIONS AND CONSTRUCTION.
2. VERIFY EXISTING CEILING HEIGHTS AND CONDITIONS IN ALL AREAS MARKED BY DIMENSIONS AND CONSTRUCTION.
3. VERIFY EXISTING ELECTRICAL AND MECHANICAL CONDITIONS IN ALL AREAS MARKED BY DIMENSIONS AND CONSTRUCTION.
4. VERIFY EXISTING STRUCTURAL CONDITIONS IN ALL AREAS MARKED BY DIMENSIONS AND CONSTRUCTION.
5. VERIFY EXISTING FINISHES IN ALL AREAS MARKED BY DIMENSIONS AND CONSTRUCTION.
6. VERIFY EXISTING ACCESSIBLE ROUTES IN ALL AREAS MARKED BY DIMENSIONS AND CONSTRUCTION.
7. VERIFY EXISTING SIGNAGE IN ALL AREAS MARKED BY DIMENSIONS AND CONSTRUCTION.
8. VERIFY EXISTING SECURITY SYSTEMS IN ALL AREAS MARKED BY DIMENSIONS AND CONSTRUCTION.
9. VERIFY EXISTING RECORDS IN ALL AREAS MARKED BY DIMENSIONS AND CONSTRUCTION.
10. VERIFY EXISTING UTILITIES IN ALL AREAS MARKED BY DIMENSIONS AND CONSTRUCTION.
11. VERIFY EXISTING EGRESS ROUTES IN ALL AREAS MARKED BY DIMENSIONS AND CONSTRUCTION.
12. VERIFY EXISTING VENTILATION SYSTEMS IN ALL AREAS MARKED BY DIMENSIONS AND CONSTRUCTION.
13. VERIFY EXISTING SOUND ATTENUATION SYSTEMS IN ALL AREAS MARKED BY DIMENSIONS AND CONSTRUCTION.
14. VERIFY EXISTING LIGHTING SYSTEMS IN ALL AREAS MARKED BY DIMENSIONS AND CONSTRUCTION.
15. VERIFY EXISTING HEATING SYSTEMS IN ALL AREAS MARKED BY DIMENSIONS AND CONSTRUCTION.
16. VERIFY EXISTING COOLING SYSTEMS IN ALL AREAS MARKED BY DIMENSIONS AND CONSTRUCTION.
17. VERIFY EXISTING FIRE PROTECTION SYSTEMS IN ALL AREAS MARKED BY DIMENSIONS AND CONSTRUCTION.
18. VERIFY EXISTING SAFETY SYSTEMS IN ALL AREAS MARKED BY DIMENSIONS AND CONSTRUCTION.
19. VERIFY EXISTING SECURITY SYSTEMS IN ALL AREAS MARKED BY DIMENSIONS AND CONSTRUCTION.
20. VERIFY EXISTING RECORDS IN ALL AREAS MARKED BY DIMENSIONS AND CONSTRUCTION.

TABLE & SEATING CALCULATIONS

TABLE SEATING CALCULATIONS
 21 (10'0" x 13'0") = 274 SEATS
 24 (10'0" x 13'0") = 312 SEATS
 TOTAL NUMBER OF SEATS = 586 SEATS
 14 (10'0" x 13'0") = 182 SEATS
 TOTAL NUMBER OF SEATS = 768 SEATS
 14 (10'0" x 13'0") = 182 SEATS
 TOTAL NUMBER OF SEATS = 950 SEATS

David Bucowy Architect, PLLC

334 East 7th Street
 Brooklyn, NY 11218
 212 559 0212
 www.davidbucowyarchitect.com

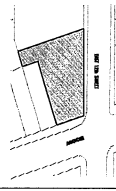
817 Broadway Corner LLC
 111 Eighth Avenue
 New York, NY 10011

811 E. 57th Street, Inc.
 121 E. 57th Street, Suite 202
 New York, NY 10022
 212 559 0212
 www.davidbucowy.com

AVE DESIGNERS, LLP
 500 Lehigh Street, Suite 202
 New York, NY 10013
 212 559 0212
 www.avedesigners.com

JACOBS DAY AND GERTZ, LLC
 101 East 40th Street, Suite 604
 New York, NY 10018
 212 559 0212
 www.jacobsgroup.com

PROJECT LOCATION
 817 Broadway
 500 Third and 4th Streets, Suite 1100
 New York, NY 10008
 212 559 0212
 www.davidbucowy.com



LEONIS
 817 Broadway
 New York, NY 10008

FURNITURE PLAN
 1ST FLOOR

PROJECT #	M080263931-1
DATE	02/10/23
PROJECT NUMBER	21049
DRAWING NUMBER	A-260.00
SCALE	X=1/2"=1'-0"

David Bucroy Architect, PLLC

334 East 7th Street
Brooklyn, NY 11218
www.davidbucroyarchitect.com

Client:
817 BROADWAY OWNER LLC
1111 Broadway
New York, NY 10011

Principal Consultant:
BILLY SEXTON DESIGN, INC.
140 W. 7th Street, Suite 804
New York, NY 10013
Tel: 212.279.2800
www.billysexton.com

Architect:
AFC ENGINEERS, LLP
200 Liberty Street, Suite 302
New York, NY 10038
Tel: 212.545.6555
www.afcny.com

Architect of Record:
JACOBS DOUGLAND BERTH LLC
1021 Lexington Avenue, Suite 804
New York, NY 10017
Tel: 212.512.2000
www.jdbny.com

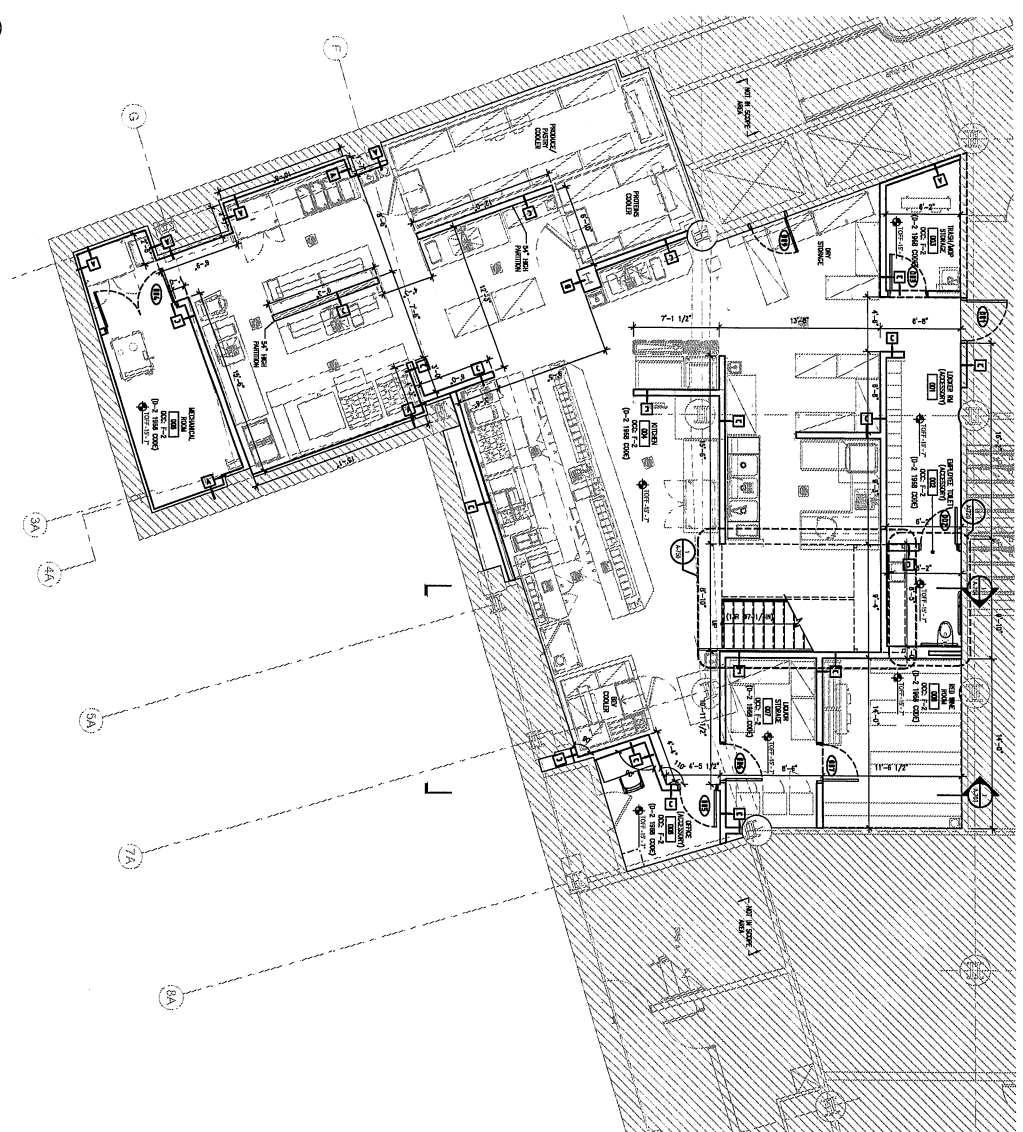
Approved Consultant:
LONGMAN LINDSEY
200 West 41st Street, Suite 1100
New York, NY 10018
Tel: 212.512.2000
www.longmanlindsey.com

LEGEND

- AIR IN CORE
- AIR OUT CORE
- EXISTING WALL/INTERIOR TO EXIST
- EXISTING DOOR & FRAME
- EXISTING DOOR & FRAME
- 2 IN RIGID INSULATION
- PERIMETER FLEX EXPANSION JOINT

NOTES-CONSTRUCTION

1. VERIFY EXISTING WALL AND DOOR IN ALL AREAS INDICATED BY SHADING.
2. VERIFY EXISTING DOOR AND FRAME IN ALL AREAS INDICATED BY SHADING.
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1 CONSTRUCTION PARTIAL PLAN-CELLAR

Project:
Leontis
817 Broadway
New York, NY 10013

Contract #
M08029639-1-I

Scale & Symbols
Date: 03/10/23

Project Number
21048

Drawing Number
A-201_00

Scale
K=1/2"=1'-0"

Revision
NO. ISSUANCE DATE

1.1 SUBMISSION REVIEW

2.1 DESIGN DEVELOPMENT

3.1 PERMITTING

4.1 CONSTRUCTION

5.1 OCCUPANCY

6.1 AS-BUILT

7.1 ARCHIVE

8.1 CANCEL

9.1 REVISION

10.1 CANCEL

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100.1 CANCEL

Aperitivi

(plate of three, 12)

Olive Oil Potato Chips 5

Salted Peanuts alla Natalia 5

Marinated Olives 5

Formaggi

(plate of three, 25)

Caciotta di Pecora 12

Grana Padano 9

Gorgonzola 12

Antipasti

Ruchetta e Pomodorini 19

Arugula, Cherry Tomatoes, Sicilian Oregano & Caciotta

Finocchio agli Agrumi 23

Shaved Fennel, Citrus & Cerignola Olives

Polpettine di Melanzane al Mesaka'a 21

Eggplant "Meatballs", Spiced Tomato Sauce, Basil & Mint

Mozzarella e Alici 19

Buffalo Mozzarella, Cured Anchovies & Marjoram

Carpaccio di Tonno 24

Sliced Yellowfin, Olio Verde & Crispy Shallots

Crudo di Ricciola, Salsa di Barba 25

Raw Amberjack, Beet-raspberry Vinaigrette & Lemon Zest

Insalata Nizzarda 24

Ventresca di Tonno, Tardivo, Taggiascas & Soft-boiled Egg

Insalata Catalana 25

Red Shrimps, Red Onions, Potatoes & Field Greens

Courgette al Hakim 26

Rice-stuffed Zucchini, Preserved Lemon & Pine Nuts

Aliciotti Fritti 27

Fresh Fried Anchovies del Tirreno (seasonal availability)

Primi

Spaghetti con la Bottarga 25

Parsley, Peperoncino, Mullet Roe & Mollica di Pan

Spaghetti alle Zucchine 26

Caciocavallo & Basil

Spaghetti ai Ricci 45

Sea Urchin (seasonal availability)

Bavette con le Telline 27

Baby Clams, Cherry Tomatoes & White Wine

Scialatielli ai Gamberi 28

Shrimp, 'Nduja & Ricotta Salata

Paccheri al'Aragosta 48

Lobster, Shellfish-tomato Sugo & Cognac

Pasta con le Sarde 27

Sardines, Fennel, Currants & Pine Nuts

Busiate al Pesto Trapanese 25

Tomato, Garlic, Basil, Sicilian Almonds & Pecorino

Capellini alla Salicornia 24

Lemon Butter, Fennel Pollen & Sea Beans

Ravioli alla Caprese 26

Caciotta Cheese, Tomato Sauce & Basil

Secondi di Pesce

Polpo ai Ferri 28

Charred Octopus on Fagioli d'Alexandria

Seppioline Fritti 27

Fried Baby Cuttlefish

Triglie Fritte all'Arous 29

Fried Red Mulletts with a side of Toasted Spices

Sgombro alla Piastra 32

Plancha-seared Spanish Mackerel & Aioli

Pesce Intero (mkt price)

Whole Roasted Fish with Lemon Potatoes, Capers & Cherry Tomatoes

Secondi di Carne

Gallina al Salmoriglio 27

Pan-roasted Heritage Chicken, Garlic, Oregano, Lemon & Arugula

Costolette d'Agnello 38

Seared Lamb Chops, Roasted Potatoes & Taggiasca Olives

Contorni

Zucchine in Scapece 15

Fried & Marinated Zucchini

Fagioli d'Alexandria 14

White Beans with Spice-marinated Tomatoes

Spinaci all'Olio 14

Sautéed Spinach, Garlic & Olive Oil

Patate al Limone 12

Lemon Potatoes, Sicilian Oregano & Capers

Patate al Forno 12

Roasted Potatoes, Rosemary & Garlic

Dolci

Datteri Egiziani 15

Egyptian Dates, Ricotta & Balsamic

Tarte au Citron 16

Grand-mère Lucy's Lemon Tart

Fragoline con Zabaglione 15

Marinated Strawberries with Moscato Custard

Torta al Cioccolato 16

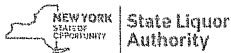
Dark Chocolate, Fior di Latte & Sea Salt

Gelati e Sorbetti 7 / 12 / 15

One, Two or Three Flavors

Biscotti 12

Half Dozen



OFFICE USE ONLY

Original Amended Date _____

LICENSE

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (ON PREMISES)

It is not necessary to employ any person, agency or organization to assist you in filing this application. Beware of persons claiming to be able to assist you in securing action on your application. The payment of money or other thing of value for the use of influence, or promise of influence in obtaining a license is a violation of law and offenders will be prosecuted.

1. APPLICANT

Name of Applicant:
 (e.g., Sole Proprietor, Partnership, Corporation, LLC, LLP, LP, etc.)

Trade Name(DBA): (see instructions) ** must be provided if premises will be called by any name other than as listed in the "Name of Applicant"

Premises Street Address:

City: , NY Zip Code:

County: Telephone Number of Premises (include area code):

Mailing Address (if different than above):

City: State: Zip Code:

E-mail address (required):

Business Website:

2. CONTACT (if different than applicant)

Name of Contact: Attorney Representative Contact Person

Office Address:

City: State: Zip Code:

Telephone Number of Office (include area code):

E-mail address (required):

3. For SEASONAL licenses only (select license date range): to:

4. Number of ADDITIONAL BARS (if any):

5. Which season will the add bars operate:

6. Federal Tax ID Number:

7. Certificate of Authority to Collect NYS Sales Tax:

[OFFICE USE ONLY]

DATE FILED: SERIAL #:

Approved Disapproved

License Board Member Date

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

8. TO BE FILLED IN ONLY BY SOLE PROPRIETOR OR PARTNERS (attach additional sheets if necessary)

Name of Individual/Partner	Residence	Social Security #:	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of Individual/Partner	Residence	Social Security #:	Date of Birth
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Name of Individual/Partner	Residence	Social Security #:	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

9. TO BE FILLED IN ONLY BY CORPORATION OR LLC/LLP APPLICANTS (attach additional sheets if necessary)

Please list the names and addresses of Principals (Stockholders, Officers, Directors, LLC Members/Managers, LLP Partners)

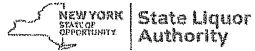
Name of Principal	Residence	Social Security #:
<i>Natalie Johnson</i>	<div style="background-color: black; width: 100%; height: 1.2em;"></div>	<input style="width: 100%;" type="text"/>
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
Managing Member	100	<div style="background-color: black; width: 100%; height: 1.2em;"></div>
Name of Principal	Residence	Social Security #:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of Principal	Residence	Social Security #:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of Principal	Residence	Social Security #:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Note:

***If 10 or less shareholders,** list all stockholders, officers, directors, LLC members and LLC managers, if any. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for all.

***If more than 10 shareholders,** list all shareholders owning 10% or more of any class of its shares. Also, include any officers, directors, shareholders, LLC members, LLC managers and trustees. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for those individuals. Provide a listing of all other shareholders owning less than 10% interest. Include their name, home address, social security number, date of birth, shares or percentage of ownership, title, citizenship and any statutory disqualifications.

***Not-For-Profit Corporations,** list all principal officers and any director/trustee who is compensated on the license. Trustees/ Directors who are not compensated do not need to submit a Personal Questionnaire or fingerprints. However, the applicant must submit a list with the name and address of each such individual along with a statement that each such individual is eligible to hold a license. Applicants that have filed for a Club License only need to list a single individual as the Alcoholic Beverage Control Officer.



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Original Amended Date _____

RIGHT TO PREMISES

1. RIGHT TO PREMISES

1a. By what right does the applicant have possession of the premises?

- Own
 Lease
 Sub-Lease
 Binding contract to acquire real property
 Written intent to lease
 Other (explain):

If leasing, the lease must run for the full term of the license period or at least be renewable to cover the full term. Month to month leases or month to month renewal terms are not acceptable. The tenant name on the lease must match the applicant name exactly.

1b. Do the terms of the lease or other arrangement require the applicant to provide any consideration based on a percentage of the receipts of the business? Yes No

If YES, please list the section/page of the lease this information can be found:

2. OTHER INTERESTED PARTIES

Does or will anyone other than the applicant/principals share on a percentage basis or in any way in the receipts, losses or deficiencies of the business to any extent whatsoever?

- Yes No

If YES, please state the names and addresses of such persons, the nature and percent of their share and date acquired.

Name	Address	Nature of interest	Date Acquired

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LANDLORD IDENTIFICATION INFORMATION

In order to obtain the most accurate information this form should be completed by the Landlord. This form must be completed and submitted regardless of whether the property owner is a third party landlord or the applicant.

1. Name of Landlord (as it appears on lease and deed):

817 Broadway Owner LLC

2. Landlord Mailing Address

Street Address:

111 Eighth Avenue, Suite 1500

City:

New York

State:

NY

Zip Code:

10011

3. Telephone Number of Landlord:

[REDACTED]

4. Landlord Principals (ALL landlord principals must be disclosed below)

Name

Paul Pariser

Address (if different than Landlord's mailing address above)

Name

Charles Bendit

Address (if different than Landlord's mailing address above)

Name

Address (if different than Landlord's mailing address above)

Name

Address (if different than Landlord's mailing address above)

5. Are any persons listed on this Landlord Identification Form currently or previously licensed under the ABC Law?

Yes No

Serial Number

Licensee Name

Serial Number

Licensee Name

Serial Number

Licensee Name

6. Are any persons listed on this form police officers?

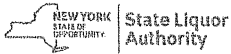
Yes No

If yes, list names below:

Name

Name

7. List number of years real property has been owned or legally controlled by the landlord:



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FINANCIAL DISCLOSURE

Applicants must demonstrate the costs and the sources of funding for this venture. All investors must be disclosed. Personal Questionnaires must be submitted for all investors, joint account holders, donors or lenders (excluding banking institutions).

The Total Investment (Total Cash plus the Total Borrowed) must equal or exceed the Total Expenses.

1. EXPENSES (Actual or Estimated)

1a. Real Property (if purchased within the past year by the applicant or any of its principals):

1b. Purchase/Contract Price of Business (submit copy of contract):

1c. Renovations/Improvement Costs (e.g., furnishings, fixtures, etc.):

1d. Miscellaneous (any other expense related to this venture):

TOTAL EXPENSES

Total of lines 1a through 1d

2. CASH*

*Cash includes funds on hand that do not need to be repaid. For example, checking or savings accounts or gifted funds. Attach copies of bank statements or other financial documentation for **EACH** source of cash.

2a. Source of Funds

Personal Questionnaire attached

Dollar Amount

2b. Source of Funds

Personal Questionnaire attached

Dollar Amount

2c. Source of Funds

Personal Questionnaire attached

Dollar Amount

TOTAL CASH

Total of All Cash Expended

3. BORROWED*

*Borrowed funds include funds that must be repaid. For example, loans, mortgages, lines of credit and promissory notes. Attach copies of agreements or other financial documentation for **EACH** source of borrowed monies.

3a. Source of Funds

Personal Questionnaire attached

Dollar Amount

3b. Source of Funds

Personal Questionnaire attached

Dollar Amount

3c. Source of Funds

Personal Questionnaire attached

Dollar Amount

TOTAL BORROWED

Total of All Borrowed Funds

4. Have all investors been disclosed in this application?

Yes No

TOTAL INVESTMENT

Total Cash plus Total Borrowed

The following person(s) MAY NOT invest in a retail license to traffic in alcoholic beverages: convicted felons, persons under the age of twenty-one (21), police officers and anyone with an interest in a wholesale or manufacturing license.

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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

500 FOOT LAW STATEMENT

Applicants for on premises liquor licenses must complete this section (Not required for on premises beer or wine applicants)

If the location is subject to the 500 Foot Law, and no other exception applies, the license cannot be issued unless the State Liquor Authority makes an affirmative finding that it is in the public interest to issue the license.

The provisions of Section 64, 64-a, 64-b, 64-c and 64-d of the ABC Law require the Authority to consult with the municipality or community board prior to granting a license for **ANY ON PREMISES LIQUOR ESTABLISHMENTS** where such premises is located within a 500 foot radius of three or more on premises liquor establishments and the population of the municipality is 20,000 or more. The Authority is further required to conduct a public hearing, upon notice to the applicant and the municipality or the community board.

The Proposed Premises (check the appropriate box below):

- IS NOT WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS HOLDING ON PREMISES LIQUOR LICENSES.
- IS WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS SELLING LIQUOR FOR ON PREMISES CONSUMPTION. (IF SO, YOU MUST COMPLETE THE WRITTEN STATEMENT BELOW AND SUBMIT THE NAMES AND ADDRESSES OF THE ESTABLISHMENTS WITHIN THE 500 FOOT RADIUS, UNLESS THE PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.)
- NOT APPLICABLE - PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.
- NOT APPLICABLE - POPULATION OF CITY, TOWN OR VILLAGE IS UNDER 20,000
- NOT APPLICABLE - BEER, WINE AND CIDER ONLY

IMPORTANT:

YOU MUST PROVIDE THE NAMES OF ALL ON PREMISES LIQUOR ESTABLISHMENTS LOCATED WITHIN A 500 FOOT RADIUS OF THE PROPOSED PREMISES

For assistance, use the "GIS Maps - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If a premises is within a 500 foot radius of three or more establishments holding on premises liquor licenses and has not been continuously licensed since November 1, 1993 and the population is over 20,000 you must **ATTACH A WRITTEN STATEMENT EXPLAINING IN DETAIL WHY YOU BELIEVE ISSUANCE OF THE LICENSE WOULD BE IN THE PUBLIC INTEREST.**

FAILURE TO SUBMIT THIS INFORMATION MAY RESULT IN DISAPPROVAL OF THE LICENSE APPLICATION.

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<input type="radio"/> Original	<input type="radio"/> Amended	Date

STATEMENT OF AREA PLAN

200 Foot Law

THIS QUESTION MUST BE ANSWERED BY ALL APPLICANTS REGARDLESS OF LICENSE TYPE

1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH or PLACE OF WORSHIP WITHIN 300 FEET

2. Is the premises within 200 feet of **ANY SCHOOL, CHURCH or PLACE OF WORSHIP?**
 (exclusive use as a church or place of worship will be determined by this agency)
 (please respond "YES" if ANY school, church or place of worship is within 200 feet)

Yes No

3. Submit a BLOCK PLOT DIAGRAM (aerial view of the building, with nearby businesses and residences labeled) showing the location of any school, church or place of worship (8-1/2" x 11")

Indicate the distance in feet from the entrance of the proposed premises to the closest entrance of any school, church or place of worship.

Attach additional sheets if necessary.

ATTACH A STATEMENT INDICATING HOW THESE MEASUREMENTS WERE TAKEN

1. Name of church/school:	
Address:	
Distance:	
2. Name of church/school:	
Address:	
Distance:	
3. Name of church/school:	
Address:	
Distance:	

For assistance use the "GIS-MAPS - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If applying for a full liquor license (beer, wine and liquor) and the premises is within 200 feet of a school, church or place of worship, the application may be denied.

If any discrepancy in the measurements is brought to the attention of the Authority during the examination of the application, it may be necessary for the applicant to supply a certified survey showing the actual measurement from the premises to the closest school, church or place of worship.

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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.

1. Zoning

1a. State what the area is zoned for:
(e.g., Residential, Business, Mixed etc.)

C6-1

1b. Does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits?

Yes No Pending

2. Premises

2a. Describe the type of building in which the premises will be located.

Commercial

2b. Is or has the building/proposed premises been known by any other address?

Yes No

If YES, please specify:

If the address was changed due to a 911 update or other government action, please include documentation for the change.

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?

Currently Licensed Previously Licensed Never Licensed Do Not Know

Name of Licensee:

License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee or prior licensee?

Yes No Do Not Know

Any pending disciplinary action may delay a determination on this application or result in the disapproval.

2e. If the proposed premises has never been licensed, what was the prior use?

Tile store

2f. Is any other floor or area of the building currently licensed?

Yes No

Name of Licensee:

P 12 New York LLC

License Serial Number:

1157005

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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

3. Premises (interior):

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located:
(e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?
If yes, show the means of access on the interior diagram(s). Yes No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control?
(e.g., hallway, stairwells, common areas, etc.) Yes No

If YES, describe:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram.

3g. List the maximum occupancy of the premises: 3h. Number of tables?

3i. Number of seats at tables? 3j. Number of seats at bar or counter?

4. Bars:

4a. How many customer bars are located on the premises?
(a customer bar is where patrons may order, purchase or receive alcoholic beverages)

4b. How many service bars? *(a service bar is for wait staff use exclusively)*

4c. Describe each bar in the fields below:

Bar 1

Bar 2

Bar 3

Bar Type:

Bar Type:

Bar Type:

Length:

Length:

Length:

Shape:

Shape:

Shape:

Location:

Location:

Location:

Attach additional sheets if there are more than 3 bars.

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Original
 Amended
 Date _____

5. Kitchen:

5a. Does the premises have a full kitchen? Yes No

If NO, does the premises have a food preparation area? Yes No

Show Kitchen or Food Prep Area on the Interior Diagram

NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU

5b. Is a chef/cook employed at the premises? Yes No

If YES, please list hours of day chef/cook will devote to the premises: 6:00 am - 12:00 am

6. Hotel or Bed & Breakfast:

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the hotel premises? Yes No

7. Outdoor Areas:

7a. Are there any outside areas used for the sale or consumption of alcohol? Yes No *COVID ONLY*

7b. If YES, what is the outside occupancy?

7c. Check all types that apply:
(there must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram)

- | | | | | |
|--|-------------------------------|----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Sidewalk Cafe | <input type="checkbox"/> Deck | <input type="checkbox"/> Patio | <input type="checkbox"/> Porch | <input type="checkbox"/> Gazebo |
| <input type="checkbox"/> Rooftop | <input type="checkbox"/> Yard | <input type="checkbox"/> Balcony | <input type="checkbox"/> Pavilion | <input type="checkbox"/> Tent |

Other (describe):

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? Yes No

If YES, how is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- | | | | | |
|----------------------------------|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Wall | <input type="checkbox"/> Shrubbery | <input type="checkbox"/> Roping | <input type="checkbox"/> Stanchions |
|----------------------------------|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|

Other (describe):

7f. Is a permit required by the locality for outside area(s)? Yes No

If yes, submit a copy of the permit.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

PROPOSED METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1. Will any other business of any kind be conducted in said premises? Yes No
(If YES, please provide details on a separate sheet)

1a. If the premises is not a catering establishment, will the premises periodically close to host private events? Yes No

If YES, how frequently?

2. Will the premises have music? Yes No

2a. If YES, check all that apply: Recorded DJ Juke Box Karaoke

Live Music (give details: e.g., rock bands, acoustic, jazz, etc.):

2b. Will the premises use the services of an Event Promoter? Yes No

3. Will the premises permit dancing? Yes No

3a. If dancing is permitted, who will be permitted to dance? Patrons Employees for Entertainment Both

3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? Yes No

4. Will there be topless entertainment? Yes No

5. Will the business employ a manager? Yes No

5a. If NO, will principal(s) manage? Yes No

6. How many employees? (excluding principals and security personnel)

6a. If answer is "0" please provide an explanation:

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<input type="radio"/> Original	<input type="radio"/> Amended	Date

7. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions).
If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number: To be supplied upon approval

Disability Insurance Carrier Name and Policy Number: To be supplied upon approval

If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996

8. Will security personnel be used at the premises? Yes No

9a. If YES, how many?

9b. If YES, provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired:

The Licensee is responsible for assuring that hired security personnel are registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

9. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How will you monitor alcohol sales and prevent sales to minors and sales to intoxicated persons? How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

This premises will be operated by staff and management to insure that at all times the premises are operated in an orderly manner and, through inspection of identification, insuring that at all times only sober adults are served alcoholic beverages.

10. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advance Notice?

Yes No

10a. If NO, please explain:

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

A list of county closing hours is available at the following link:
<http://sla.ny.gov/provisions-for-county-closing-hours>

PERSONAL QUESTIONNAIRE

- a. All principals to the license application must complete this questionnaire in full. (e.g., lenders, donors, guarantors and managers must also complete this questionnaire.)
- b. If you are a **lender, donor or guarantor** you must state your relationship to the applicant.
- c. Make duplicate blank forms as necessary.
- d. Answer all questions below.
- e. Attach additional sheets if more space is needed.

Name of Applicant

1. STATE OF IDENTIFICATION

Print **YOUR** name

Natalie Johnson Fackelmayer

Date of Birth

06/24/1986

Social Security Number

Residence Street Address

95 St Marks Place, apt 2

Gender

Male Female

City

New York

State

NY

Zip Code

10009

Residence Telephone

Cellular Telephone

(720) 299-7451

E-mail Address

nat.johnson@kensnyc.com

U.S Citizen

Yes No

If NOT U.S. citizen - country of citizenship

Married

Yes No

If Married, Spouse Name

Spouse Social Security Number

2. POSITION (or interest) you will hold (check each);

President

Director

Stockholder ---->

Number of shares owned

Vice President

Manager

LLC Member ---->

100

Percentage of ownership

Secretary

Partner

LLC Manager

Treasurer

General Partner

Lender*

Chairman

Limited Partner

Donor*

Officer

Sole Proprietor

Guarantor*

ABC Officer

Joint Account Holder

Trustee

Other (describe)

*If Lender, Donor, or Guarantor please state your relationship to the applicant.

Print YOUR Name Natalie Johnson Fackelmayer

3. RESIDENCE HISTORY

List your residence history for the past FIVE (5) years to the PRESENT DATE.

Address	From (mm/yyyy)	To (mm/yyyy)
	09/2019	Present
	04/2018	08/2019
	02/2017	04/2018
Address	From (mm/yyyy)	To (mm/yyyy)

4. EMPLOYMENT HISTORY

List your employment history for the past FIVE (5) years to PRESENT DATE.
 Also, list any employment history that shows experience in the alcohol industry.
 Add additional sheets if necessary.

From (mm/yyyy)	To (mm/yyyy)	Employer
10/2019	Present	Francis Louis LLC
Position		Employer Address
General Manager/Beverage Director		570 Hudson Street, New York, New York
Type of Business		
Restaurant		

From (mm/yyyy)	To (mm/yyyy)	Employer
08/2016	05/2019	G&L Restaurant
Position		Employer Address
Wine Director		21 West 8th Street, New York, New York
Type of Business		
Restaurant		

From (mm/yyyy)	To (mm/yyyy)	Employer
Position		Employer Address
Type of Business		

Print **YOUR** Name Natalie Johnson Fackelmayer

5. LICENSE HISTORY / AFFILIATIONS

5(a) If you are an applicant (e.g., proprietor, partner, stockholder, officer or director) or applicant's spouse, will you continue your present occupation or business? Yes No

5(b) Will you take an active part in the operation of the business to be licensed? Yes No

If YES, please explain the nature of activity and the hours you will devote to the business (hours, days, responsibilities):

Full time General Manager and Director of Operations
Overseeing hiring, training, purchasing , and daily service operations
Approximately 40 hours per week

5(c) Do you have any interest, direct or indirect, in any premises currently licensed by the Liquor Authority or business where any alcoholic beverage is manufactured, transported or sold at wholesale or retail whether by stock ownership, interlocking directors, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans? Yes No

If YES, please provide information below:

Business Name

Business Address

Type of Interest

Date Interest Began

License Serial Number

Business Name

Business Address

Type of Interest

Date Interest Began

License Serial Number

Business Name

Business Address

Type of Interest

Date Interest Began

License Serial Number

Print YOUR Name

5. LICENSE HISTORY / AFFILIATIONS

5(d) Other than as itemized in 5(c) above, have you ever applied in New York State or anywhere for a license or permit to traffic in alcoholic beverages, including any application as a partnership, limited partnership, limited liability entity or corporation in which you are/were a principal? Yes No

If YES, please provide information below:

Name of Applicant Address of Premises

Disposition Date of Filing License Serial Number

Name of Applicant Address of Premises

Disposition Date of Filing License Serial Number

Name of Applicant Address of Premises

Disposition Date of Filing License Serial Number

Name of Applicant Address of Premises

Disposition Date of Filing License Serial Number

5(e) Has a license or permit listed above been REVOKED, CANCELLED or otherwise Involuntarily Terminated? Yes No

If YES, please provide information below:

5(f) Are you a police commissioner or law enforcement / police officer? Yes No

If YES, please provide details:

Print YOUR Name

Natalie Johnson Fackelmayer

6. CONVICTION RECORD AND PENDING CRIMINAL CASES

6(a) Have you or your spouse ever been convicted of a crime addressed by the provisions of Section 126 of the ABC Law (see instructions for statutory disqualifications) which would forbid a person to traffic in alcoholic beverages?

YOU Yes No
SPOUSE Yes No

If YES, please provide details

6(b) Have you or your spouse ever been CONVICTED (including pleas of guilty or suspended sentences) of any felony, misdemeanor, driving while intoxicated (DWI), or driving while ability impaired (DWAI)?

YOU Yes No
SPOUSE Yes No

If the applicant answers YES, please attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, please submit a Certificate of Relief from Disabilities, if available. Please submit an Affidavit explaining all details.

If the Spouse answers YES to this question, please submit a Personal Questionnaire for the Spouse along with a Certificate of Disposition.

6(c) If you have previously been approved for a license and had been convicted of any felony, misdemeanor or other type of offense except minor traffic infractions, were all convictions reported to the Authority?

YOU Yes No
 Not Applicable

If NO, please attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, please submit a Certificate of Relief from Disabilities, if available. Please submit an affidavit explaining all details.

SPOUSE Yes No
 Not Applicable

6(d) Are there any ARRESTS, INDICTMENTS or SUMMONSES PENDING against you or your spouse - including driving while intoxicated or impaired?

YOU Yes No
SPOUSE Yes No

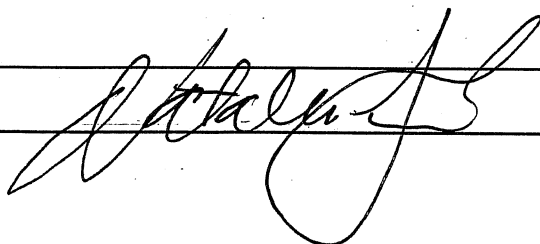
If YES, please provide a copy of the Accusatory Instrument.

7. Do you have any relationship with the current / past owner of the business at this location?

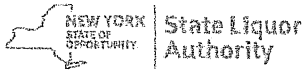
YOU Yes No
SPOUSE Yes No

If YES, please state exactly what the relationship is. (e.g., family member, friend, employer, etc.)

8. Signature:



Date: 12/4/22



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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

APPLICANT STATEMENT

I, [print name] Natalie Johnson
 (the sole proprietor, partner, corporate principal or, LLC/LLP member)

understand that the State Liquor Authority will rely on each and every answer in the application and accompanying documents in reaching its determination and state, under penalty of perjury, that all statements and representations therein are true to the best of my knowledge and belief; and

I state that the location and description of the premises to be licensed does not violate any requirement of the ABC law or other state or local ordinances; and

I understand that if any change occurs in the information provided to the Authority in the application, the licensee must notify the Authority by certified mail within 48 hours and if any change occurs after receipt of the license, the licensee must notify the Authority by certified mail within 10 days. I understand that failure to give such notice may result in disapproval of the application or revocation or non-renewal of any license for which this application is submitted; and

I understand that the licensee will be bound by the statements and representations made in the application, including, but not limited to the licensee's method of operation and the identity of persons with an ownership or financial interest in the licensed premises; and that all statements and representations made become conditions of the license; and

I understand that any physical alterations to, or changes to the size of the area used for the sale and consumption of alcoholic beverages, must be reported to the Authority and may require the approval of the Authority; and

I understand that the licensee must keep the Authority advised of any change in the mailing addresses of the licensee, the licensee's principals, and the licensee's landlord.

I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the application may result in revocation of any license for which the application was submitted; and

I understand that any false statement or misrepresentation will constitute cause for disapproval of the application or revocation or non-renewal of any license for which this application is submitted.

Natalie Johnson
 Signature

12/4/22
 Date